FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 11:05

DOCUMENT # 740733 (1)

1. Corporation Name
LOCHMOOR CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4185 YARMOUTH CT. N FT MYERS FL 33903 US	4185 YARMOUTH CT. N FT MYERS FL 33903 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/09/1977
3a. Date of Last Report: 03/29/1994
4. FEI Number: 65-0032689 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~STEFFA, ROBERT~~
~~4210 YARMOUTH CT~~
~~N. FT MYERS FL 33903~~

10. Name and Address of New Registered Agent

31 Name: A. B. WEDDLE
32 Street Address (P.O. Box Number is Not Acceptable): 4210 PERTH CT.
33
34 City: N. FT. MYERS FL 35 Zip Code: 33903

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X A B Weddle — 3/6/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	PRES.	☑ Change ☐ Addition
NAME	STEFFA, ROBERT	1.2 NAME	WEDDLE, A. B.	
STREET ADDRESS	4210 YARMOUTH CT	1.3 STREET ADDRESS	4210 PERTH CT	
CITY-ST-ZIP	N. FT MYERS FL	1.4 CITY-ST-ZIP	N. FT. MYERS, FL 33903	
TITLE	VD	2.1 TITLE	VP	☑ Change ☐ Addition
NAME	WEDDLE, A. B	2.2 NAME	SPINO, LOUIS	
STREET ADDRESS	4220 PERTH CT	2.3 STREET ADDRESS	4285 GLASGOW CT.	
CITY-ST-ZIP	N FT MYERS, FL 33903	2.4 CITY-ST-ZIP	N. FT. MYERS, FL 33903	
TITLE	S	3.1 TITLE	SEC.	☑ Change ☐ Addition
NAME	KOSKO, S. G	3.2 NAME	O'KEEFE, ADELAIDE	
STREET ADDRESS	4220 GLASGOW CT	3.3 STREET ADDRESS	4315 GLASGOW CT.	
CITY-ST-ZIP	N FT MYERS, FL 00000	3.4 CITY-ST-ZIP	N. FT. MYERS, FL 33903	
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	ARTIS, DONALD W.	4.2 NAME		
STREET ADDRESS	4185 YARMOUTH CT.	4.3 STREET ADDRESS		
CITY-ST-ZIP	N FT MYERS, FL 00000	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	DIRECTOR	☑ Change ☐ Addition
NAME	HARPER, GEORGE	5.2 NAME	LONG, WILLIAM	
STREET ADDRESS	4165 PRESTWICK CT	5.3 STREET ADDRESS	4195 YARMOUTH CT.	
CITY-ST-ZIP	N FT MYERS, FL 33903	5.4 CITY-ST-ZIP	N. FT. MYERS, FL 33903	
TITLE	D	6.1 TITLE	DIRECTOR	☑ Change ☐ Addition
NAME	KICINSKI, BETTY	6.2 NAME	CORNFORTH, JACK	
STREET ADDRESS	4140 YARMOUTH CT	6.3 STREET ADDRESS	4285 PERTH CT.	
CITY-ST-ZIP	N FT MYERS, FL 00000	6.4 CITY-ST-ZIP	N. FT. MYERS FL 33903	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X A B Weddle — 3/6/95 — (813) 997-8958
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0018805